RESERVE HEALTH READINESS PROGRAM

HISTORICAL UPDATE REQUEST FORM

SERVICE MEMBER INFORMATION: *Must be completed by Service member or military authority*

LAST NAME, FIRST NAME, MI:	DATE OF BIRTH:	FULL SSN:	PHONE NUMBER:

☐ Check box if Service member has separated from Service
(Records for separated Service members will be scanned into HRR. Medpros will NOT be updated)

REQUESTED UPDATE: *Select the services you would like to update (Check all that apply)*

Documentation required to update the following:

☐ IMMUNIZATIONS ☐ G6PD ☐ SICKLE CELL

☐ VISION SCREENING ☐ BLOOD TYPE ☐ PREGNANCY - ESTIMATED DUE DATE:

☐ **IMMUNIZATION EXCEPTIONS -** *Documentation required with provider signature*

Exception #1 Immunization type: **Expiration date:**

☐ Medical temporary ☐ Medical permanent ☐ Immune ☐ Assumed

☐ **MEDICATIONS**

Does the Service member have a 180 day supply of prescribed medication(s)?

☐ Yes ☐ No ☐ N/A, the Service member does not require prescription medication(s)

☐ **MEDICAL WARNING TAGS**

Does the Service member have required medical warning tags in his/her possession?

☐ Yes ☐ No ☐ N/A, the Service member does not require medical warning tags

☐ **HEARING AID BATTERIES**

Does the Service member have hearing aid batteries in his/her possession?

☐ Yes ☐ No ☐ N/A, the Service member does not require a hearing aid

REQUESTOR INFORMATION

NAME (PLEASE PRINT):	TITLE:	
EMAIL (CONFIRMATION EMAIL WILL BE SENT):	PHONE NUMBER:	RELATIONSHIP TO SERVICE MEMBER:
SIGNATURE:		DATE:

MEDICAL SUBMIT TO: HistoricalUpdates@logisticshealth.com Fax: (888) 888-8476 Phone: (800) 666-2833, extension 3586

DENTAL SUBMIT DD2813 TO: HistoricalUpdates-Dental@logisticshealth.com Fax: (608) 793-2960 Phone: (800) 666-2833, extension 2030